

## CHANGES OF FACT ON AN APPLICATION

Whenever any fact set forth in the application changes, the licensee shall file a written notice of the change with the City Clerk License Division within 10 days of such change.

Complete and return to the City Clerk License Division, City Hall, 200 E. Wells Street, Room 105, Milwaukee, WI 53202.

Date: \_\_\_\_\_ License Type: \_\_\_\_\_

Premises Address: (if applicable) \_\_\_\_\_

Corporation/LLC Name: (if applicable) \_\_\_\_\_

### TO THE LICENSE DIVISION OF THE CITY OF MILWAUKEE:

I, \_\_\_\_\_ wish to file notice of the  
(print or type your full legal name)

following change(s) of fact in my application:

1. Business/Trade Name: \_\_\_\_\_

2. Business Address (**CONTRACTORS ONLY**) (Include city, state, zip code) \_\_\_\_\_  
\_\_\_\_\_

3. Business Phone Number: \_\_\_\_\_

4. Home Address (include city, state, zip code): \_\_\_\_\_  
\_\_\_\_\_

5. Home Phone Number: \_\_\_\_\_

6. Mailing Address (include city, state, zip code): \_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED & SWORN TO BEFORE ME THIS

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF WISCONSIN

MY COMMISSION EXPIRES \_\_\_\_\_  
\*NOTARY SEAL MUST BE AFFIXED

INDIVIDUAL, PARTNER, OFFICER/MEMBER:

\_\_\_\_\_  
PRINT YOUR NAME

\_\_\_\_\_  
SIGNATURE

### **Office Use Only:**

License Number: \_\_\_\_\_ Date entered in system \_\_\_\_\_ Initials \_\_\_\_\_

Date copy sent to LIU \_\_\_\_\_ Initials \_\_\_\_\_